

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11-3-04</u>		2 Serial/Patent # <u>10/620,273</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	None	9-10-04	\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 130.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			1	1	--	0	9	8	0
1	1	--	0	9	8	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>No fee for this renewal petition</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Paul Sharopki</u>		TITLE: <u>Senior Attorney</u>									
SIGNATURE: <u><i>Paul Sharopki</i></u>		PHONE: <u>571-272-3225</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Alison Kelly</i></u>		DATE: <u>11/5/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**